Committee on the Costs of Medical Care, shows a seeming and woeful ignorance or incapacity to understand medical practice is in those portions of his survey in which he emphasizes statements that the simpler (?) types of refractive errors do not need highly trained expert knowledge or judgment! He seemingly forgets or does not know that broad knowledge and training are necessary as a proper foundation for accurate diagnosis; and that he who does not possess such is not in position to know when his services can or cannot be legitimately employed. It is the old specious plea of the cultists, who secure their legislative recognition by asserting that they treat only a limited number of diseases and these by special methods, and therefore do not require such extensive education and high requirements. It is blissful economic arrangement for those who profit by it, but unworthy of promulgation by spokesmen of the Committee on Costs of Medical Care.

When Reed states that "the ophthalmologist who spends his time in doing refraction is doing work for which he is overtrained" he is saying something for which he has little warrant in fact. He might well have read what George M. Gould stated in one of his classical articles. The following from a paper by Gould which was printed in the *Journal of the American Medical Association* a half century ago *(Journal of the American Medical Association,* September, 1891) gives a different viewpoint of refraction:

". . . Every case is a rule unto itself, so that one can give few general laws to one learning the art. Refraction is a science and an art in intimate union and requires as much patience, delicacy of perception, fineness of judgment and discrimination as any scientific work in the world. In relation to it there are vast fields of inquiry the wisest have hardly begun to explore. The amount of human misery caused by those ocular defects is appalling, and if the prevention and relief of that misery be the motive of scientific medicine, no branch is more important or demands higher powers of mind than that of ophthalmology—and nine-tenths of modern ophthalmic practice consists of refraction!"

Read further what Louis S. Reed, Ph. D., has to state along this line:

". . . Patients who consult eye physicians or optometrists fall into three main classes: (1) those with refractive errors in otherwise normal eyes, (2) those with local pathological eye conditions such as cataract, glaucoma, optic nerve atrophy, toxic amblyopia, etc., (3) those whose local symptoms are the result of general systemic conditions, as in syphilis or nephritis. The majority of patients belong to class 1 and require nothing more than a determination of the refractive error and its correction by glasses. Most opthalmologists admit that the training which optometrists now receive amply qualifies them to perform these services. Difficulty arises, however, in the case of the minority of patients who fall into classes 2 and 3. Lacking a general medical training, optometrists may fail to detect the true nature of the ailments of these patients. Failure to recognize these pathological or abnormal conditions will involve the prescription of glasses unnecessarily, and much more important, the neglect of conditions requiring attention. . . ."

Another Brilliant (?) Statement Concerning Overtrained Eye Physicians.—After stating the above, Author Reed makes statements as follows:

". . . Ideally optometrists, because of the limitations of their present training, ought not to accept patients independently. But should highly trained opthalmologists whose professional training may well have consumed seven or eight years, spend a large part of their time doing refraction work? This being the case, the opthalmologist who spends his time in doing refractions is doing work for which he is overtrained. While so engaged, his general medical knowledge lies idle; it constitutes an unused overhead for which the patient must pay. . . ."

* * *

Committee's Recommendation of Solution of the Problem.—After thus delivering himself, Reed sums up his viewpoints, and seemingly tells eye physicians what they must do. Inasmuch as his views are printed in a special report, it may be taken for granted that his advice presumably had the sanction of the Committee on Costs of Medical Care. In his summary Reed states as follows:

". . . . The solution of this problem, it must be obvious, lies in organized coöperation between opthalmologists and optometrists, and in a division of labor between them. . . ."

This concluding advice is the more interesting because it comes after a portrayal of statements such as have been previously noted, in which the aspirations of optometrists for full professional status were brought out. Eye physicians can ask themselves how they picture the assimilative process into opthalmology on full professional status, of all the optometrists to whom the practice of optometry is as much a sale of merchandise as it is a pure profession. Reed and the Committee on Costs of Medical Care certainly are optimists if they think that eye physicians will take on such an assimilative task in the immediate future.

AMERICAN MEDICAL ASSOCIATION—ANNUAL SESSION REPORTS

California and American Medical Association Annual Sessions Are Held in May.—The annual session of the California Medical Association meets at Pasadena on May 2-5. The American Medical Association session is held this year at New Orleans, May 9-13. At these two sessions a large number of reports are submitted by officers, councils, committees, and bureaus. Those reports sum up the activities of organized medicine in our state and national organizations. The wealth of detail in these various reports is so great that many members are at a loss to know what to choose for special perusal and consideration. In next month's issue of CALIFORNIA AND WESTERN MEDICINE will be printed the reports of California Medical Association officers and committees, as submitted to the House of Delegates in the *Pre-Convention Bulletin.*

The April 2, 1932, number of the *Journal of the American Medical Association* contained the reports of officers of the American Medical Association. There is much of interest and value con-

tained therein, and for those readers of CALIFORNIA AND WESTERN MEDICINE who have not the inclination to read the reports in detail it may not be amiss to comment on some of the information therein submitted.

* * *

American Medical Association Membership Statistics.—Membership statistics may be dry figures, but their understanding and significance is necessary if the interests of scientific medicine are to be safeguarded through the watchfulness of organized medicine.

In the United States it is estimated that there are about 159,109 licensed M. D. physicians.* The constituent state medical associations whose members compose the membership of the American Medical Association have altogether a total of 99,470 members. This means that there are some 59,639 M. D. physicians in the United States who are not members of their respective county medical societies and who therefore cannot become members of their respective state organizations or of the national association. Secretary West of the American Medical Association, in commenting on these figures, states:

". . . In the light of the facts here presented, it does not appear to be probable that the total membership of the American Medical Association can be made to exceed 110,000, even if all the possibilities short of taking 'undesirables' into membership were exhausted. . . ."

In other words, Secretary West thinks that all but about 10,530 of the licensed M. D. physicians of the United States are at the present time members of their respective county medical societies. What proportion of this number should be allocated to California is not known.

California has fifty-eight counties, and of these thirty-nine are recorded as having county medical societies. It must be remembered, however, that California has several county societies made up of two or more counties; and that in several other counties the wide open spaces, covering areas as big as some eastern states, make active county medical societies almost out of the question. Members in such unorganized counties are eligible to membership in the county society located in the most convenient adjacent county.

In California some 10,109 M. D. physicians are registered. Of this number the American Medical Association figures for March 1, 1932, show 5,077 to be members of the California Medical Association. What proportion of the 5,032 M. D. nonmember licentiates are in active practice, and of those who are in active practice, what proportion possess qualifications making them eligible for consideration to county society membership is not known.

Among these 5,032 California M. D. licentiates who are nonmembers must be a considerable number, however, who should be on the California Medical Association membership roster. At this time of the year the newly elected county society officers could perform a distinct service to organized medicine in California if they created or called together their membership committees for the purpose of planning a survey of all nonmember M. D. licentiates living in their respective counties. There is nothing spectacular in this kind of work, but it is, nevertheless, extremely important and should therefore become a yearly function. It is hoped that every county society will initiate steps to make such a survey. If officers seem forgetful of their special responsibilities in this, then members are urged to call attention thereto, in meeting or otherwise. Organized medicine in California, as elsewhere, should have in active affiliation and membership every eligible licensed M. D. physician.

* * *

American Medical Association Finances and Journal of the American Medical Association Figures.—The economic stress and strain of the last several years reveals itself in the gross income of the American Medical Association which for the year just closed was $47,000 less than in the preceding year.

Of the 5,077 California Medical Association members who are also on the roll of American Medical Association membership, some 3,564 are also "Fellows of the American Medical Association," and all of such receive the *Journal of the American Medical Association.* The *Journal of the American Medical Association* has some additional 2,120 subscribers from California, a number of whom may belong to the group of 5,032 California M. D. licentiates who are nonmembers of the California Medical Association. An M. D. nonmember of the California Medical Association who is a subscriber to the *Journal of the American Medical Association* would seem to have at least one qualification that would make him worthy of consideration for membership in a county unit of the California Medical Association. The percentage of California physicians who receive the *Journal of the American Medical Association* is 56. For New York, Pennsylvania, Illinois, and Ohio, which exceed California in American Medical Association membership, the respective percentages in the *Journal of the American Medical Association* subscriptions are 64, 62, 65, and 53.

* * *

American Medical Association Package Library Service.—For some years the American Medical Association has maintained a "package library" service, such as is proposed shall be operated by the California State Medical Library, which will begin its active operations in July of this year. Members of the California Medical Association who are interested in library service, and who did not read the opening article by Frances B. van Zandt (who will guide the destinies of the California State Medical Library), and which paper was printed in the April CALIFORNIA AND WESTERN MEDICINE, page 217, are urged to do so. In line with the points brought out in that article,

* The term "licensed M. D. physician" is used because California has seen fit to also license physicians who are adherents to sectarian medicine, such as osteopathy.

the following facts concerning the American Medical Association package library service may be of interest:

". . . The package library service furnished 2450 package libraries to physicians throughout the country during 1931. The number for 1930 was 2067. Hence the increase was roughly 20 per cent. This service enables the physician in the most outlying communities who participates in the work of the Association to have readily available the literary documents and communications on any subject in which he may be interested. Since each package library contains from ten to thirty reprints and periodicals, such an increase in the service represents a much greater demand on the personnel. Great care is exercised in the selection of material for these library packages. . . . The library regularly replies to inquirers concerning reference questions; approximately 3000 such questions were answered in 1931. . . ."

* * *

American Medical Association Council on Pharmacy and Chemistry.—The story of the national Pure Food and Drugs Act is more or less familiar to all physicians. The law was enacted about twenty-five years ago. The official journal of the California Medical Association at that time played a prominent rôle in creating state and national medical opinion in favor of pure drugs and in giving valiant opposition to certain off-color proprietary drug interests. It was at that time that the American Medical Association brought into existence its Council on Pharmacy and Chemistry, whose members have created for themselves so enviable a reputation for work well done. CALIFORNIA AND WESTERN MEDICINE is one of the state journals which regularly prints excerpts from that council's reports. It is not an exaggeration to say that the American Medical Association, through its Council on Pharmacy and Chemistry, has been a powerful stabilizing force in maintaining and furthering the efficiency of the national Pure Food and Drugs Act.

* * *

The Newly Organized American Medical Association Committee on Foods.—More recently an American Medical Association committee on foods began a new but much needed activity. The work of this committee is of great importance to lay citizens and can go far in creating a kindly regard by the laity for altruistic and practical service by the medical profession. Those who have not followed this new American Medical Association activity will find the following excerpts to be of interest:

". . . It should be emphasized that the work of this committee has been primarily constructive. It is functioning and operating in a positive manner to bring about truthful and correct advertising in the food field. Its work is educational. Its opinions and decisions are giving proper direction to constructive research in the food industry. It is coöperating in many ways for better nutrition of our people generally. . . . Already the office of the Committee on Foods is serving as a clearing house to the food industry, to physicians, to dietitians, and to the public generally. The committee has done much to bring the American Medical Association closer to the everyday life of the people. It is making the public aware of the fact that the medical profession is acting in the interest of the public in all matters affecting nutrition and health. . ."

The American Medical Association Bureau of Medical Standards—Its Aims.—Last year the California Medical Association presented resolutions suggesting the formation of an American Medical Association Bureau of Medical Economics. From the report of that newly constituted bureau some excerpts on the economics of medical care are made because they should have suggestive value for the newly organized California Medical Association Department of Public Relations. These follow:

". . . When considering the economics of medical care, one must make a clear distinction between commercial and economic interests. . .

". . . *Commercialism is characterized by:*

1. Unreasonable fees;
2. Alleviation always predicated on cash in hand or no service;
3. Unethical tendencies or practices.
4. Destruction of scientific motive in both individual and the profession at large;
5. Transformation of the profession into a trade or business;
6. Destruction of confidence in the profession; and
7. An insidious tendency toward state medicine. . ."

". . . *Economics as applied to medical practice is predicated on sound ethical principles, constructive and reasonable:*

1. Alleviation of suffering, prevention of disease, pursuance of research and the dissemination of dependable information are recognized as the primary obligations of the profession;
2. There should be a just compensation for service rendered;
3. Modern ethical business methods are necessary to provide the highest type of service at the most reasonable cost;
4. Ethical business methods insure confidence in the profession;
5. Correct economic measures insure adequate amount and quality of service to indigent as well as pay patients; and
6. The use of ethical business methods and correct economic measures serve to promote in the profession higher scientific attainments because of greater freedom from financial anxiety. . . ."

* * *

It would be possible to continue comment on a large number of other problems confronting scientific and organized medicine which are discussed in the reports of the officers of the American Medical Association, but lack of space prevents. It is hoped that what has been here presented may lead such readers who have passed by the report pages of the *Journal of the American Medical Association* with only a fleeting glance to again refer to them. The reports contain information which should be of value to all physicians.

A New Pituitary Syndrome.—In a lecture given at the Yale Medical School, New Haven, Connecticut, February 24, 1932, Dr. Harvey Cushing called attention to a new syndrome connected with the pituitary gland. He pointed out that, although the clinical signs have been recognized for a number of years, they have not been definitely associated until recently with disease of the pituitary gland. . . .

It seems fitting, in view of the careful work done in elucidating this rare condition, that the disease should henceforth be known eponymically as "Cushing's syndrome."—*New England Journal of Medicine,* March 24, 1932.